

Public Works/Engineering Division

## PROFESSIONAL SERVICES REQUEST FOR PAYMENT NO. \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_ Encumbrance Number: A000

City of Tempe Project Manager: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Billing Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Consultant's Invoice Number: \_\_\_\_\_

Completion to Date: \_\_\_\_\_ % Total Time Elapsed: \_\_\_\_\_ %

### **Contract Summary**

Original Contract Amount: \$ \_\_\_\_\_  
(including reimbursables)

Net Change by Addenda: \$ \_\_\_\_\_

Current Contract Amount: \$ \_\_\_\_\_

Total Amount Previously Invoiced: \$ \_\_\_\_\_  
(not including this invoice)

**Contract Balance:** \$ \_\_\_\_\_

#### **CITY USE ONLY**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

P.O. # \_\_\_\_\_

### **Payment for Services**

Budget for Services: \$ \_\_\_\_\_

Previously Invoiced: \$ \_\_\_\_\_

Payment for Services Due this Request: \$ \_\_\_\_\_

### **Reimbursable Expenses Included in Contract**

Budget for Reimbursable Expenses: \$ \_\_\_\_\_

Previously Invoiced: \$ \_\_\_\_\_

Reimbursable Expenses Due this Request: \$ \_\_\_\_\_

**Total Due This Request:** \$ \_\_\_\_\_